Symposium on Pain

Part II—Clinical Aspects

Introduction by
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In the first portion of this Symposium on Pain, the basic facts of pain mechanisms were reviewed in terms of what is known both neuroanatomically and neurophysiologically of pain mediating fibers and tracts. Because pain is not a simple sensation comparable to such other sensations as touch, temperature, sound and vision, the psychiatric aspects of the problem were also reviewed, since this is essential if the individual differences between perception and response are to be understood.

With this background, the second portion of the symposium was planned to cover certain clinical aspects of the problem. Since it obviously would be impossible to present the problems of pain as seen in all the various branches of medicine, three fields were selected to represent certain aspects of pain mechanisms as seen by clinicians.

The first paper on vascular pain is timely, in view of the increasing importance of geriatrics in modern medicine. Pain mechanisms associated with vascular disease are predominantly seen in arteriosclerotic patients and are common enough to make them of importance to general physicians and specialists alike. Dr. Edwin J. Wylie, Assistant Clinical Professor of Surgery, because of his specialization in vascular surgery and his particular interest in pain problems of vascular origin, was selected to present this aspect of the symposium.

Orthopedic surgeons are confronted with problems of pain in almost all parts of the body. Their province, of course, includes the bones and joints, but perhaps of even greater importance, also, the muscles which hold the bones and joints together. These structures and their investing deep tissues of mesenchymal origin are the most frequent sites of pain known in the body. Furthermore, the pain produced is sufficiently different in quality and distribution from the classical "dermatomal" pain of neurology as to have been very confusing, not only to orthopedic surgeons, but to all branches of medicine. Dr. Verne T. Inman, professor of orthopedic

Sponsored by the Department of Neurology and the Biomechanics Group of the Department of Orthopedic Surgery, University of California School of Medicine, and Medical Extension, San Francisco 22. Dr. Aird is professor and chairman, Department of Neurology, University of California School of Medicine, San Francisco 22. surgery at the University of California School of Medicine, has been one of the pioneers in the study and differentiation of pain of deep, mesenchymal origin. His report, therefore, represents a classical contribution.

Since pain, regardless of its cause or site of origin, is conveyed and perceived by the nervous system, the neurologist is consulted in many of the more difficult and confusing problems seen by the clinician. This fact, in addition to the presence of a famous visiting neurologist, explains why Professor Georg Schaltenbrand was assigned the third paper on the clinical portion of the symposium. Professor Schaltenbrand, director of the Neurological Clinic at the University of Wurzburg, is the leading neurologist of Germany and is here as visiting professor of neurology at the University of California School of Medicine. Professor Schaltenbrand was not only a student of Nonne at Hamburg in Germany, but also studied with Harvey Cushing and Percival Bailey in this country. In fact, he is at present writing an Atlas of the Brain in conjunction with Percival Bailey. Professor Schaltenbrand's discussion of pain, which presents some of his own observations on pain mechanisms, represents another original contribution on this difficult and interesting subject.

Pain in Vascular Disease

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PAIN IN VASCULAR DISEASE, although frequently ill-defined, is usually the presenting complaint. Realization of the significance of the varying types of pain encountered will often be the most important guide in determining therapy and prognosis. It must be acknowledged, however, that pain in vascular disorders is only one of the clinical facets. It is the pur-

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